



## DIVISION OF HEALTH SYSTEMS DEVELOPMENT AND REGULATION

Health Protection  
Licensure and Certification  
Public Health Preparedness and  
Response  
Rural Health

### Staffing Exception Request for Assisted Living Centers – July 1, 2008 Stand-Alone Facility

To request a staffing exception permitted by the Administrative Rules of South Dakota (ARSD) 44:04:03:02.01, the facility must complete the information listed below.

Please place a check by each item to acknowledge compliance. This compliance must be continued throughout the licensing year unless otherwise amended.

**Assisted Living Centers with 16 beds or less.** One staff person who is awake is allowable during sleeping hours if the following items are met.

- \_\_\_ The building is equipped with a fire alarm system that promptly alerts sleeping staff.
- \_\_\_ The building is equipped with an automatic sprinkler system as defined in § 9.7, automatic sprinkler, of NFPA 101 Life Safety Code, 2000 edition.
- \_\_\_ The building is equipped with an automatic fire alarm dialer as defined in § 9.6.4, Emergency Forces Notification, of NFPA 101 Life Safety Code, 2000 edition to summon the local fire department.  
**Please list the name, location, and phone number of monitoring agency:**  
\_\_\_\_\_
- \_\_\_ Residents have an evacuation score which shows them capable of evacuating in, five minutes or less.
- \_\_\_ A staff call system is available.
- \_\_\_ There is no resident residing here who is not capable of self preservation. ARSD 44:04:04:12.01 Requirements for assisted living centers.
- \_\_\_ There is no resident residing here who requires two staff for activities for daily living (ADL's). ARSD 44:04:06:11 Resident care for assisted living centers.
- \_\_\_ One staff person is on duty at all times and there is a minimum of 0.8 hours of direct resident care by personnel for each resident for each 24-hour period. ARSD 44:04:06:11 Resident care for assisted living centers.

Attach to this request fire drills for the last six months to verify fire drill evacuation times.

\_\_\_\_\_  
Administrator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Facility name & address